| Document Number: | |
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Environmental Test and Integration System, Subsystem, or Equipment Safety Evaluation Form

| Safety Eval | luation Form | |
|---|----------------------------------|---|
| Project: | | |
| Subsystem: | | |
| Test Item: | | |
| Operation: | | |
| | | |
| I certify that the enclosed information is | correct and complete: | |
| Project Manager/Safety Manager: | | Date: |
| Evaluation Summary | | |
| Hazard | Standard Operating Procedures | Hazard Mitigation Required |
| Mechanical Handling | | - 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| 2. Ordnance | | |
| 3. Pressure and Vacuum Systems | | |
| 4. Stored Energy Devices | | |
| Hazardous Materials & Hazardous Waste | | |
| 6. Non-ionizing Radiation Systems | | |
| 7. Ionizing Radiation Sources | | |
| 8. Electrical Systems & Equipment | | |
| 9. Noise | | |
| 10. Unique/Experimental Systems | | |
| 11. Vacuum Compatible Materials | | |
| | _ | |
| Evaluated by: | Date: _ | |
| Approved by: Code 549 Section Head | Date: _ | |
| Code 549 Section Head | | |

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Environmental Test and Integration System, Subsystem or Equipment Safety Evaluation Form

The Environmental Test and Integration Branch (Code 549) will use this information to evaluate the safety aspects of your system, subsystem, or equipment. The following checklist must be completed and submitted to the Code 549 Evaluator for review prior to arrival of your equipment at the Environmental Test and Integration Complex (Buildings 7/10/15/29 and the Magnetic Test Site). If other than Standard Operating Procedures are required to control a hazard, then a Hazard Mitigation Plan must be submitted to the Code 549 Branch Head and Safety Office for approval. All residual hazards must be mitigated prior to testing. Procedures must be submitted for all hazardous operations and approved by Code 549 prior to the start of the operation.

Please answer yes or no to the following statements. The status column is to be used for approval, references, or certification dates. Shaded boxes indicated areas were resolution may be necessary.

| 1. | Mechanical Handling | Yes | No | Status |
|-----|--|------------|---------|--------|
| | Are crane or forklift operations required? | | | "0 |
| | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | If no, pro | oceed t | 0 #2. |
| a. | Will personnel be required to be underneath a crane-suspended load? (If yes a waiver is required.) | | | |
| b. | Have stress and stability analyses been performed? | | | |
| C. | Are slings certified indicating the safe working load, test load, and due date of recertification? | | | |
| d. | Have lifting slings/devices been tested/certified to NSS/GO 1740.9? | | | |
| e. | If components can be disassembled, have they been serialized, color coded, or equivalently identified, to ensure components have not been replaced or the configuration changed? | | | |
| f. | Are your critical welds inspected (if the weld is removed, the sling will fail)? | | | |
| Cor | nments/additional information: | | | |
| | | | | |
| 2. | Ordnance | | | |
| | Does the system, subsystem, or equipment have or will have ordnance (electro-explosive devices, pyrotechnics, Pyrophorics, etc.) installed? | | | |
| | | If no, pro | oceed t | o #3. |
| a. | Will ordnance be installed or fired in the MSC facilities? | | | |
| Cor | nments/additional information: | | | |
| | | | | |
| | | | | |

Note: Prior to ordnance arrival on the Center, GSFC Safety and Environmental Branch must be notified as to the class and quantity of all ordnance. Ordnance must not be stored in MSC facilities without prior approval of GSFC Safety and Environmental Branch.

| 3. | Pressure & Vacuum Systems | Yes | No | Status |
|----------|--|------------|---------|------------|
| | Are there systems/components, which are or will be pressurized (flight/ground)? | | | |
| _ | Are proof pressurization tosts planned for the MSC | If no, pro | oceed t | o #4. I |
| a. | Are proof pressurization tests planned for the MSC facilities? | | | |
| | cedures are required for all pressure testing. mments/additional information: | | | |
| 4. | Stored Energy Devices | | | |
| a. | Are there batteries? | | | |
| b. | Do systems have stored energy (springs, booms, etc.)? | | | |
| c. | Are there non-solid state gyros? | | | |
| d. | Will there be solar array or other deployments? | | | |
| e. | Will reaction wheels be operated? | | | |
| f. g. | Are there kinetic or rotational systems? Are there pyrophoric devices? | | | |
| 9. | The more pyrophone devices. | | | |
| Cor | mments/additional information: | | | |
| | | | | |
| 5. | Hazardous Materials & Hazardous Waste | | | |
| | Are there hazardous materials (fluids or solids that may harm individuals or the environment) used on/in the system/subsystem/equipment? | | | |
| a. | Are any of the following hazardous materials used? | | | |
| | Check each applicable box: | | | |
| | Flammable/Combustible Toxic | | | |
| | Corrosive | | | |
| | Reactive | | | |
| | Cryogenic | | | |
| | Explosive | | | |
| | Oxidizer | | | |
| | Health hazards | | | |
| b. | Will personnel be entering confined spaces which contain purges or other types of hazardous materials? | | | |
| C. | Are there systems that could present temperature extremes (hot or cold hazards)? | | | |
| d. | Are there materials which may pose outgasing or air contamination hazards to personnel, facilities, or other projects? | | | |
| Cor | nments/additional information: | | | |
| | | | | |

| 6. | Non-lonizing Radiation Systems (Electromagnetic energy emitting systems: RF, lasers, ultraviolet radiation, microwaves, etc.) | Yes | No | Status |
|--------------------------------------|---|-----------------------|-----------|---------------------------------------|
| | Do you have non-ionizing radiation sources? | it so pr | o d 4 | - 117 |
| a. b. c. d. | Will RF systems radiate into free space? Will non-dummy-load-terminated emitting sources in excess of 100-mw be activated outside of a shielded enclosure? Are there Class IIIB or IV lasers? Are there other sources of non-ionizing radiation? | If no, pr | oceea i | 0#7. |
| Cop Office mus Class and | pies of GSFC Form 23-6RF and Form 23-28RF must be a ce (Code 205.9 x8482 or Code 205.3 x4693) prior to active the attached to this Evaluation Form. ss IIIB or IV laser operators require an eye examination, Can operating procedure approved by GSFC Health Physinments/additional information: | vation. Co GSFC Fo | opies o | f the approved forms -35UL and 23-6L, |
| 7. | Ionizing Radiation Sources (NRC licensed sources, x-ray producing machines, particle accelerators, accelerator produced radioisotopes, or radium and its daughter products) | | | |
| | Are there ionizing radiation sources? | | | |
| to a | oies of GSFC form 23-6I must be approved by GSFC Hear rrival on GSFC. nments/additional information: | ılth Physi | ics Offic | ce, Code 205.9 prior |
| | | | | |
| 8. | Electrical Systems & Equipment | | | |
| | Are there electrical systems, subsystems, or equipment? | If no, pro | oceed t | 0 #9. |
| a. | Is the equipment commercial? | , - | | o ne. |
| b. | Is the equipment non-commercial or has the commercial equipment been modified? | | | |
| c. d. | Is the equipment grounded? Does the equipment have exposed, live electrical components which may be accidentally contacted by personnel? | | | |
| e. | Does the equipment have adequate fuses or breakers? | | | |
| f. | Are connectors keyed to prevent improper connection? | | | |

| _ | | | | |
|-----|--|-----------|-------|--------------------|
| 9. | Noise | | | |
| | Do systems, subsystems, or equipment create noise above 85 dBA? | | | |
| Con | nments/additional information: | | | |
| 10. | Unique/Experimental Systems | Yes | No | Status |
| | Are there potentially hazardous systems that are not addressed by this questionnaire? | | | |
| Con | nments/additional information: | | | |
| | | | | |
| 11. | Vacuum Compatible Materials | | | |
| | Will a thermal vacuum test be performed on the system, subsystem, or equipment? | | | |
| a. | Is the system, subsystem, or equipment fabricated entirely of vacuum compatible materials with a Total Mass Loss of ≤ 1.0% and Collected Volatile Condensable Material ≤ 0.1%? | If no, pr | oceed | to signature page. |
| | Is all chamber GSE (harnesses, auxiliary equipment, etc.) fabricated entirely of vacuum | | | |
| b. | compatible materials with a Total Mass Loss of \leq 1.0% and Collected Volatile Condensable Material \leq 0.1%? | | | |